



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ADVANTAGE TOXICOLOGY MANAGEMEN

Respondent Name

TX ASSOC OF COUNTIES RMP

MFDR Tracking Number

M4-14-2075-01

Carrier's Austin Representative Box

Box Number: 1

MFDR Date Received

March 12, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On January 5, 2013 Advantage Toxicology Management, LLC contracted with a licensed third party medical billing/consulting company located in Phoenix, Arizona (hereafter referred to as Billers"). Billers claimed to conduct business as processional medical billers/consultants with expertise in Workers' Compensation claims from medical services provided in the states of Texas, California, and Arizona. The medical billing service agreement between Advantage Toxicology Management, LLC and Billers outlined the following relevant services to be rendered by Billers:"

Amount in Dispute: \$873.05

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This request for Medical Dispute Resolution involves the denial of payment of medical services performed on 03/11/2013 due to the Providers failure to timely submit the bill for payment within 95 days of the date of service under Texas Labor Code Section 408.027(a) and Division Rule 133.20(b)."

Response Submitted by: Parker & Associates, L.L.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
3/11/2013 - 3/11/2013	CPT Code 82570, 83986, 84311, 83925, 83840, 80154, 80299, 80166. 80152, 80174, 80182, 82145, 83805, 82055, 80184 and 82205	\$873.05	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

Issue

Did the requestor waive the right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is March 11, 2013. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on March 12, 2014. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Authorized Signature

_____	_____	5/16/14
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.